



Your NHS Wales Experience

Questionnaire (Version 2)

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The experience that you have of care is important to us. This might be an appointment with your doctor or health visitor, a hospital stay, an outpatient visit or something else. We would be grateful if you could complete this survey so that we can understand this better.

The questions are based on the things that patients have said matter most. We will ask you questions about your latest experience of healthcare. Please help us by giving your honest opinion.

The questions mostly have 4 options and you are asked to tick the answer that you feel best describes how you feel.

Some of the questions have 'not applicable'. Please tick this if the question is not relevant to your experience.

We do not need to know your personal details but have asked some general questions at the end about who you are. This is so we can make sure we are asking all groups of people about their experience.

If there is anything we have not asked you, please use the space at the end of this survey to tell us.

If you would like to discuss this survey or ask any questions about it please contact:

How recent was the experience you are thinking of?

In the last 6 months

Between 1 and 2 years ago

Between 6 months and 1 year ago

More than 2 years ago

OFFICE USE ONLY

Area and location code:

Date of distribution:

Thinking about your overall first impressions of the care you received

1 Did you feel that you were listened to?

- Always Usually Sometimes Never

2 Were you able to speak in Welsh to staff if you needed to?

- Always Usually Sometimes Never
- Not applicable

3 From the time you realised you needed to use this service, was the time you waited:

- Shorter than expected About right A bit too long Much too long

Thinking about the place where you received your care

4 Did you feel well cared for?

- Always Usually Sometimes Never

5 If you asked for assistance, did you get it when you needed it?

- Always Usually Sometimes Never
- Not applicable

Thinking about your understanding and involvement in care

6 Did you feel you understood what was happening in your care?

- Always Usually Sometimes Never

7 Were things explained to you in a way that you could understand?

- Always Usually Sometimes Never

8 Were you involved as much as you wanted to be in decisions about your care?

- Always Usually Sometimes Never

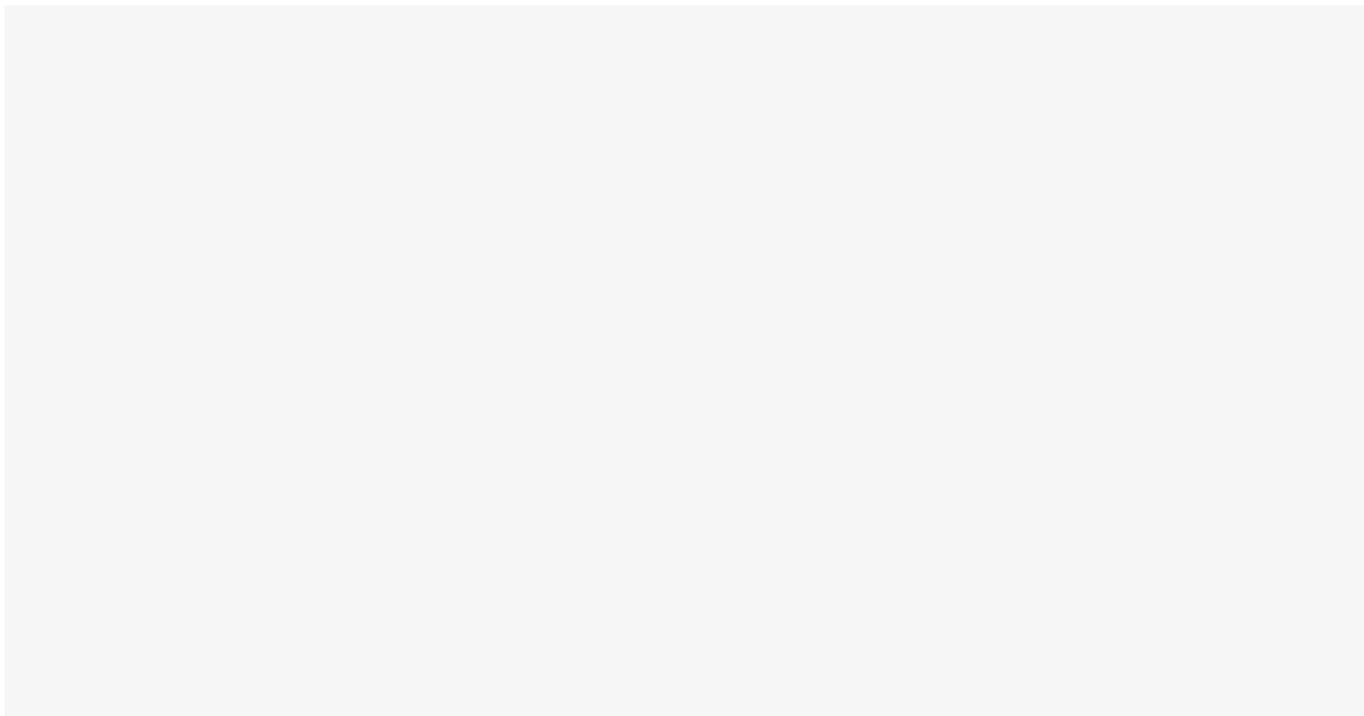
Overall Experience

9 Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?

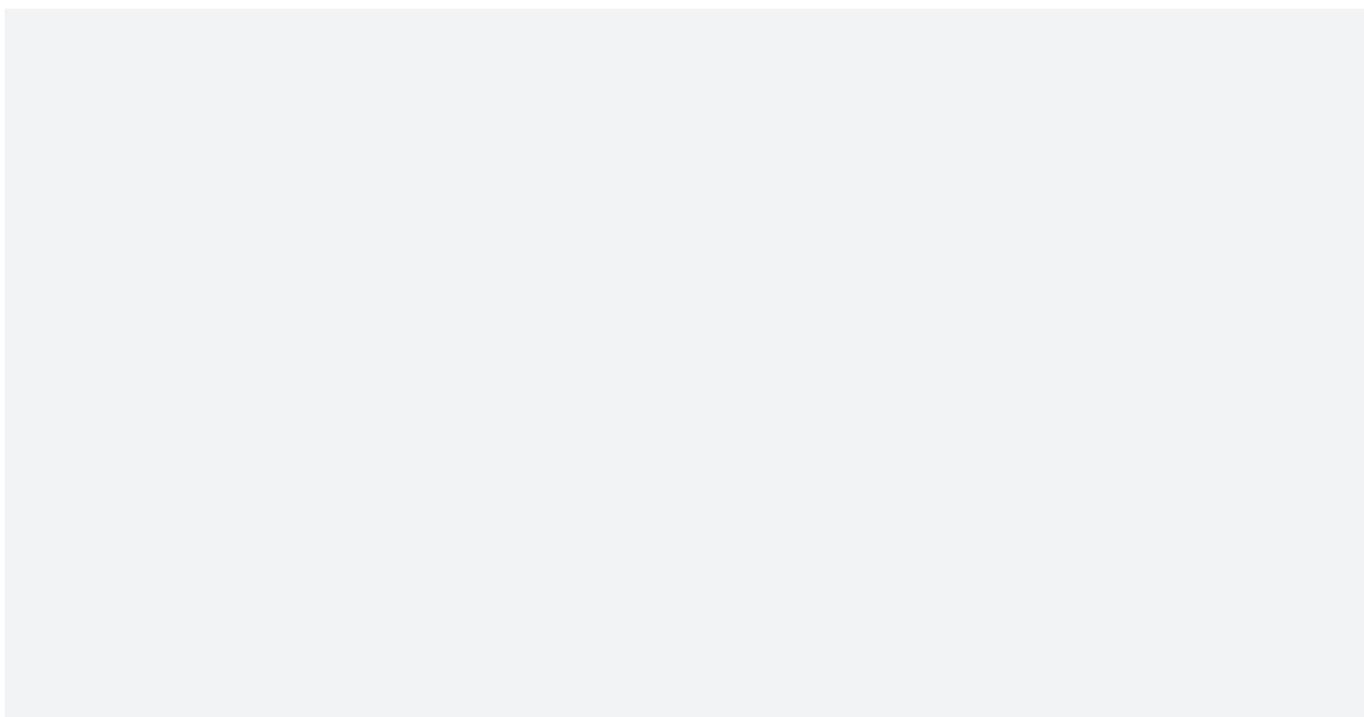
- 0 1 2 3 4 5 6 7 8 9 10
-
- Very Bad Average Excellent

Thinking of your responses

- 10** Was there anything particularly good about your experience that you would like to tell us about?



- 11** Was there anything that we could change to improve your experience?



Equality monitoring

We are committed to ensuring that everyone receives fair and equal respect.

Whatever your age, disability, ethnicity, faith, gender reassignment or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below.

Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone.

1 What is your age?

- 0-15 years 35-44 years 55-64 years 75+ years
- 16-24 years 45-54 years 65-74 years I prefer not to say
- 25-34 years

2 What is your gender?

- Male Female Other I prefer not to say

3 At birth, were you described as:

- Male Female Other I prefer not to say

4 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, a lot Yes, a little Not at all I prefer not to say

5 Which of the following options best describes how you think of yourself?

- Heterosexual or straight Gay or lesbian Bisexual Other
- I prefer not to say

6 What is your religion?
(Please choose one option that best describes your religion)

- No religion Hindu Muslim Any other religion
- Christian (all denominations) Jewish Sikh I prefer not to say
- Buddhist

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What is your ethnic group?

(Please choose one option that best describes your ethnic group or background)

White:

- Welsh English Scottish British
- Irish Northern Irish Gypsy or Irish Traveller

Any other white background, please describe:

Mixed / multiple ethnic groups

- White and Black Caribbean White and Black African White and Asian Any other Mixed / multiple ethnic background

Asian / Asian British

- Indian Pakistani Bangladeshi Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African Caribbean Any other Black / African / Caribbean background

Other ethnic group

- Arab Any other ethnic group I prefer not to say

Thank you for completing this questionnaire

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.